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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket No	KEL01 P-146
	First Named Inventor	Patrick Leahy
	<i>COMPLETE IF KNOWN</i>	
	Application No	10/553,929
	Filing Date	04/22/2004
	Group Art Unit	
	Examiner Name	

☒ Declaration Submitted with Initial Filing
 or
 ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A DEVICE FOR USE IN PARIETAL SURGERY

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 04/22/2004 as United States Application No. or PCT International

Application No PCT/EP2004/04380 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 USC 119(a)-(d) or 365(b) of any foreign application(s) for patent, or inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
S2003/0303	IE	04/22/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet PTO/SB/02B attached hereto:

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01 (04-05)
3/1/2006. OMB 0651-0032
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DECLARATION - Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer No. or Bar Code Label		28101		OR <input type="checkbox"/> Correspondence address below	
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City		State		ZIP	
Country		Telephone	616/975-5502	Fax	61 75-5505
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are as true as the facts known and believed in by me at the time the same were made, and that I am not aware of any material misstatements or omissions in the foregoing statements, and that I am not aware of any material misstatements or omissions in the foregoing statements, and that I am not aware of any material misstatements or omissions in the foregoing statements.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.			
Given Name	Patrick	Middle Initial		Family Name	Leahy
Inventor's Signature					Date
Residence: City	Dublin	State		Country	Ireland
Mailing Address:	14 Home Street				
City	Dublin	State		Zip	2
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.			
Given Name		Middle Initial		Family Name	
Inventor's Signature	<i>Patrick Leahy</i>				Date
Residence: City		State		Country	
Mailing Address:					
City		State		Zip	
<input type="checkbox"/> Additional inventors or legal representative are being named on the supplemental sheet(s) PTO/SB/02A, or <input type="checkbox"/> Attached hereto.					

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/553,929
Filing Date	04/22/2004
First Named Inventor	Patrick Leahy
Title	A DEVICE FOR USE IN PARIETAL SURGERY
Art Unit	
Examiner Name	Paulette R Kidwell
Attorney Docket Number	KEL01 P-146

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

28101

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Patrick Leahy

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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